

Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210



AUTOPSY REPORT

Case Number: [REDACTED]

October 3, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[REDACTED]

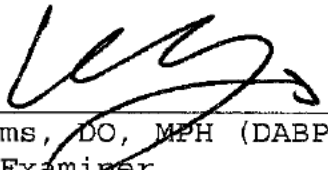
DIAGNOSES

1. Gunshot Wound of the Right Lateral Neck, Penetrating, (see injury description).
2. Coronary Atherosclerosis, Moderate, Heart.
3. Dilated Ventricles, Heart.
4. Pulmonary Edema, Bilateral, Lungs.
5. Nephrosclerosis associated with Benign Cortical Cysts, Bilateral, Kidneys.

OPINION

CAUSE OF DEATH: The cause of death of this [REDACTED]-year-old [REDACTED] male, [REDACTED], is GUNSHOT WOUND OF THE RIGHT LATERAL NECK.

MANNER OF DEATH: HOMICIDE.


Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

DATE: Dec 20 2017

LS/kra/amu

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POSTMORTEM EXAMINATION ON THE BODY OF



NOTICE: Forensic, medical and scientific evidence as proof of a fact can establish that fact to an extent varying between slight possibility to certainty. The minimal standard of proof for all conclusions in this report is to a reasonable degree of scientific, medical and forensic certainty; the degree of certainty for any given conclusion in this report can range from this lowest standard of certainty up to beyond a reasonable doubt.

The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 2, 2017 (per toe identification tag). The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1035 hours, October 3, 2017.

CLOTHING: The body is received unclothed. Accompanying the body are black bottoms, brown belt, white shoes, gray underwear, white socks, and multicolored top.

EXTERNAL EXAMINATION: The body is that of a normally developed [REDACTED] adult. Rigor mortis is minimal and symmetrical. Lividity is present posteriorly and also over the head, neck and shoulders. The head hair is shaved. A mustache is present. The eyes are closed. The corneas are cloudy. The irides are dark. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. The chest and abdomen show no evidence of natural disease. The extremities are equally and symmetrically developed. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length. The external genitalia are male. The back and buttocks show no evidence of natural disease.

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PAGE TWO

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present; degenerative skeletal change is present; remote medical intervention is present.

1. Postmortem regional radiographs of the head and neck demonstrate scattered ballistically insignificant bullet fragments through the right side of the neck.
2. Postmortem regional radiograph of the chest demonstrates Cardiomegaly; ballistically significant and insignificant bullet fragments are projected over the upper chest.
3. Postmortem regional radiographs of the abdomen and pelvis demonstrate benign pelvic soft tissue calcifications; an irregular osseous radiodensity is immediately inferior to the right ischiopubis.
4. Postmortem regional radiographs of the extremities are unremarkable.

INVENTORY OF GUNSHOT INJURY:

1. Located on the right lateral neck 6.25 inches from the top of the head, 2.2 inches below the right external auditory canal, and 1.35 inches behind the right external auditory canal is a gunshot wound of entrance measuring 0.22 inch in overall dimension; the wound is composed of a central hole measuring 0.12 inch in dimension associated with a circumferential abrasion collar measuring 0.05 inch in dimension.

The bullet courses through the skin and subcutaneous tissues of the right lateral neck, courses behind the right cervical neurovascular bundle and courses through

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PAGE THREE

the lower cervical vertebral column; the bullet courses into the soft tissues of the top of the left shoulder where a deformed jacket fragment is recovered associated with several deformed lead fragments.

The cervical spinal cord is exposed via an anterior approach; the membranous compartments of the cervical spinal canal demonstrate broad areas of epidural and subdural hemorrhage; the cervical spinal cord demonstrates transection and associated hemorrhage.

The bullet courses from right-to-left directly. Examination of wound of entrance shows no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The arms bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.
2. The legs bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.
3. The skin surfaces of the knees bilaterally demonstrate adherent gray-black material associated with scattered irregular and curvilinear abrasions measuring up to 1.5 inch in dimension.
4. Located about the waist is a clothes impression.
5. The left lower arm demonstrates a superficial skin avulsion measuring 3.0 x 1.0 inch in dimension.
6. The left ankle demonstrates a curvilinear abrasion measuring 0.9 inch in dimension.

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AUTOPSY REPORT

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PAGE FOUR

7. The forehead demonstrates multiple irregular abrasions ranging from 0.5 to 0.85 inch in dimension, greater on the right side (see photographs).

INTERNAL EXAMINATION:

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height: 70 inches
Weight: 235 pounds
Heart: 420 grams
Lungs: 900 grams
Liver: 1805 grams
Spleen: 140 grams
Kidneys: 310 grams
Brain: 1440 grams

BODY CAVITIES: The body is entered by a Y-shaped incision. The body cavities contain no abnormal amounts of fluid. The peritoneal surfaces of the body are smooth, glistening and without adhesions. The internal organs that are present retain their normal anatomic position and relationships.

NECK ORGANS: The tongue shows no external injury and on serial sectioning is unremarkable. The surfaces of the epiglottis show no abnormalities.

The suprahyoid and infrahyoid (strap) muscles of the neck are dissected in layers and show no evidence of antemortem hemorrhage.

The hyoid bone is dissected. The synchondroses of the hyoid bone are partially fused and intact. The greater horns of the hyoid bone show no evidence of fracture or periosteal hemorrhage.

The thyroid cartilage is dissected. The superior horns and laminae show no evidence of fracture or perichondral hemorrhage.

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PAGE FIVE

The cricoid cartilage ring is dissected. The cricothyroid membrane shows no evidence of hemorrhage. The cricoid cartilage shows no evidence of fracture or perichondral hemorrhage.

Except for the findings previously described, the prevertebral soft tissues and muscles and the cervical vertebral column are unremarkable.

CARDIOVASCULAR SYSTEM: The aorta and great vessels demonstrate sparse atherosclerosis. The coronary arteries have a normal surface course and configuration; the coronary circulation is right dominant. On serial sectioning the anterior descending branch and major diagonal branches demonstrates patchy concentric and eccentric atherosclerosis with focal areas measuring up to 40%; serial sectioning of the circumflex branch of the left coronary artery demonstrates minimal atherosclerosis. Serial sectioning of the right coronary artery demonstrates patchy concentric and eccentric atherosclerosis with focal narrowing up to 40%.

The valves of the heart are unremarkable. The ventricular chambers are dilated. Left ventricular wall thickness ranges from 1.4 to 1.6 cm. On serial sectioning the myocardium displays no focal pathologic changes.

RESPIRATORY SYSTEM: The trachea and major bronchi are unremarkable. The pulmonary vessels are unobstructed. On serial sectioning the pulmonary parenchyma demonstrates generalized edema and congestion, but is otherwise unremarkable.

HEPATOBIILIARY SYSTEM: The capsular surface of the liver is smooth and without adhesions. On serial sectioning the hepatic parenchyma has a tan-yellow color and a firm consistency. The gallbladder and biliary tract are unremarkable.

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PAGE SIX

HEMOLYMPHATIC SYSTEM: The capsular surface of the spleen is smooth and without adhesions. On serial sectioning the splenic parenchyma has a common mixture of red and white pulp. The internal lymph nodes identified are unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. Stomach content is 350 milliliters of brown paste associated with digesting food particles. The stomach, small bowel and colon are unremarkable. The pancreas has a normal size and on serial sectioning is unremarkable.

GENITOURINARY SYSTEM: The renal surfaces are granular. On serial sectioning the renal cortex has a normal thickness and demonstrates scattered smoothed-wall benign cysts measuring up to 1.2 inches in dimension.

ENDOCRINE SYSTEM: The thyroid gland has a normal size and on serial sectioning is unremarkable. The adrenal glands have a normal size and on serial sectioning have a normal gross appearance. The rest of the endocrine system shows no identifiable abnormalities.

CENTRAL NERVOUS SYSTEM: The scalp, subscalp soft tissue and calvaria show no evidence of injury. On entering the cranial cavity the membranous compartments are free of hemorrhage. The leptomeninges and the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base of the brain have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning the brain reveals no grossly visible changes of natural disease.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Deformed jacket fragment associated with deformed lead fragments recovered from the soft tissues of the top of the left shoulder to custody of Las Vegas Metropolitan Police Department.

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PAGE SEVEN

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem heart blood.
2. Postmortem peripheral blood (iliac vein).
3. Liver tissue.
4. Bile.
5. Brain tissue.
6. Vitreous humor.
7. Urine.
8. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.